BINDING

FOR

MARGIN RESERVED

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH			
County AMTM	Registration Dist. No.			
Village or Flan Mutin My (No	St.: Ward) (If death eccurred s hospital er inset			
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Year) (Year)			
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on 192			
7 AGE   If LESS than	and that death occursd on the date stated above, at			
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIDEN NAME OF MOTHER  (State or country)  15 MAIDEN NAME OF MOTHER  (State or country)  16 MOTHER  (State or country)	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (!) Means of Injury and (2) whether Accidental, Suicidal or Homieldal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recant Residents)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, in the order of death.			
(Informant) Jacob Howeledge  (Address) Jacob Howard  (	if not at place of death?  Former er usual residence			

If more blanks are needed, addrosa State Registrar 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or indUstry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Forcman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, -Coul mine, etc. Wom-Locomotive engineer not gainfully em-(b) Grovery,

Scatement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); i obar pneumonia. Bronchopneumonia ("Pneumonia,")

> "( Exhaustion, " "Heart Induct, " "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," " " " " " Weakness," etc., when a definite disease " Uraemia, " "Weakness," etc., when a definite disease stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measless, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. Whooping cough; Chronic Chronic interstitial nephritis, approved as fracture of skull, and consequences (e.g., sepais, telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature Example: Measles (disease affection need etc. The contributory valvular heart disease; not be

If this certificate is tooked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the cartificate is permanently filed.



(If death occurred in a hospital er institu-

WRITE

	PLACE OF DEATH County County	
Vill	lage or them Denton und (No.	
	2 FULL NAME Baly Bocyo	m
gamphi a sa la	PERSONAL AND STATISTICAL PARTICULAR	5
3 5	MANU. VILL SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
6 D	DATE OF BIRTH	0.
	(Month) (Day)	93 (Ye:
7 A	If LE	y
w	b) General nature of industry susiness, or establishment in which employed or (employer)	* ==* =**
	10 NAME OF Jacoh Bocyon	
NTS	OF FATHER (State or country)	
PARE	12 MAIDEN NAME Pauline Blayiak	7
I	13 BIRTHPLACE OF MOTHER (State or country)  Authority	
14	(Info::nant) Jacob Boryon (Address) Winter Ma	(
15	11/1/9 108/1 h 1/1 4	,

Registrai

If more banks are needed, address State Registrar 16 W. Saratoga St.,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

tion, give its NAME in-stend of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) CERTIFY, That I attended the decessed that I last saw h ..... alive on and that death occured on the date stated above, The CAUSE OF DEATH \* was as follows; (Duration) .....yrs.... Contributory Secondary (Signed) (Address) \*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State......yrs.....nos......de of death yrs.....mos. Where was disease contracted. if not at place of death?.. Former er usual residence. DATE OF BURIAL CE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health et," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, ('ook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

SENTEMENT OF Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syncnym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); obar pneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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RGIN RESERVED FOR BINDING

	N. B.—WRITE PLAINLY, WITH UNFADING INK —THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	item o	shoul	of 0C	V
	. Every	ICIANS	tement	
	CORD.	PHYS	act sta	
	INT RE	LY.	d. Ex	
	RMANE	XACT	classifie	
	S A PE	ated E	operly	TION is very important. See instructions on back of certificate.
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	-WRI	mation	CAUS	TION
	I. B.		(	7
	K		-	-

STATE OF MARYLAND—CERTIFICATE OF DEATH	11100
County Caroline, Registration Dist. N	10. 64
Village or City near American Corner, No.  (If death occurred in a horpital or institution, give its NAME instead	
(If death occurred in a horpital or institution, give its NAME instead  Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yr	
2. FULL NAME George Washington Bradley,	
(a) Residence: No. Denton, Md. R.F.D. St., Ward.  (Usual place of abode) If nonresident give city	y or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
3. SEX Male, White, Widowed.  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.  Mov. Ist	1934 (Year)
5a. If married, widowed, or divorced HUSBAND of CONTROL TO THE REBY CERTIFY, The	
6. DATE OF BIRTH (month, day, and year) Sept. 2Ist. T856 7. AGE Years Months Days if LESS than to have occurred on the date stated ebove, et 5–30. In	
78 I IO lady,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of imperent the control of the principal cause of land were established.	portance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farm Work, SAWYER, BDOKKEPER, etc.  9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  1D. Dete deceased last worked at this occupation, (month and 1934 occupation). Spant in this Life occupation.	sht 1925
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  Del	
Thomas Bradley,  14. BIRTHPLACE (city or town) Sussex Co.  (Stete or country) Del. Whet test confirmed diagnosis?	Ma
15. MAIDEN NAME Rebecca Jane Outten, 23. If death was due to externel causes (VIOLENCE) fill in aisc	o the following:
15. MAIDEN NAME Rebecca Jane Outten,  16. BIRTHPLACE (city or town)  (State or country)  Sussex Co.  Where did injury occur?	
(Specify city or town, compared in INDUSTRY, In HOME, or (Address)  Output  Denton, Md. R.F.D.	in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Plece Gokesbury, Md. Date Nov. 4th. 934  Neture of Injury	
19. UNDERTAKER J. T. Framptom & Son, (Address) Federal sburg, Md.  20. FILED Nov. 2nd 1934 5.5 Transtom (Signed) (Signed)	deceased? 2W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUDEAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7-12-11-12

V. S. No. 1

County Caroline	Registration Dist. No.
Village or City Handerson.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wird)	21. DATE OF DEATH / (Month) (Day) (Year)
HUSBAND of Wellearn B. Druwell	22. Get   HEREBY CERTIFY. Thet I attended decessed from
DATE OF BIRTH (month, day, and year) Sept 12, 1865	I last saw h allve on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, Awyer, BOOKKEEPER, etc.	
kind ot work done, as SPINNER, SAWYER, BOOKKEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Calmonay Olake cubores
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation occupation.	- //
2. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of Importance:
13. NAME William V. Cumb	
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Totaush J. Welham.  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external deuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicidef
17. INFORMANT William & friedle. (Address) Henderson md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
Plece Streets Gro Hd Date 100, 10, 1934	Manner of Injury
19. UNDERTAKER R. B. Rawlings (Address) Greens by may	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED // 10/314 Classical Registrar.	(Signed) franch from Dany land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

• In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
18.2000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11154
1. PLACE OF DEATH .	(51:0)
County Caroline	Registration Dist. No.
Village or City D'ederalo Pring West side)	No. St., Ward
X' (II	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
11.01 1 11	
9	unional,
(a) Residence: No. Tederals Trura, Md. K. d'. (Usualplace of abode)	St., Ward.  If nonrendent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 1093 L4 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Vet, 12" 1934	I last saw h 1 alive on 10 10 19 deeth is said
7. AGE Yeers Months Days If LESS then	to have occurred on the dete steted above, et 2-13-m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Date of enset
Nind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	Morie Honores Del 25.3
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
DO 1D. Date deceased last worked et this occupetion (month end spent in this	
this occupetion (month end spent in this occupetion	
12. BIRTHPLACE (city or town) Caroline Co.	Dther Contributory Causes of importance:
(State or country)	
# 13. NAME Clifford Garmond.	
13. NAME Clifford Sammond.  14. BIRTHPLACE (city of town) Carrolline Co.	Neme of operation Dete of
totale or country)	Whet test confirmed diegnesis Mille Wes there an europer
16. BIRTHPLACE (city or town) Carbine Co,	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town) Caroline Co;	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clifford Hammond (Address) Brederal Brung Hid. B. J. B.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Plece D'e des als Yung Mid. Dete Nov. 17, 1931	Neture of injury
19. UNDERTAKER It transition & Sou (Address) Frederals Pring Tod	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED NOV. 17th, 1934 J. J. Framstom, Registrar.	(Signed) 1/2 Mal (Nente no. M. D. (Address) 30/ Gay Fr. Nente no.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Company A			
Other contributory causes of importance:	46.05	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	11155
1. PLACE OF DEATH		932	
County Carolis	<u> </u>	Registration Dist. No. lo	
Village or City Zear	ederalsbur	9 ND. Out-Side) St.,	Ward
Length of residence in city or town where	e death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsm	10sds
2. FULL NAME LOW	Wle. Hew	ref	
(a) Residence: No 3 to de	rals bring Md. RJ. (Usual place of abode)	No. Ward.	l Siale
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Doy)	., 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The State	and Henry	22.   HEREBY CERTIFY, That I attended	daceased from
6. DATE OF BIRTH (month, day, and year)	left 11 1867	I last saw here allve on Dwg 17 1934	. : death is sai
7. AGE Years Months	Deys   If LESS than	to have occurred on the date stated above, et. 4:30A.m.	
67 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trada, profession, or perticular kind of work done, as SPINNER,	12	apoplexy	Date of onse
SAWYER, BDDKKEEPER, etc.	J'almer	007	177
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
10. Date deceased last worked at this occupation (month embyaar)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	-0	Other Contributory Causes of importance:	undan
(Stata or country)	7	Clar myscarditio	2.
13. NAME TOTAL	, Henry		
13. NAME  14. BIRTHPYACE (city or town)		Name of operation Date of Date of	
(State of Country)	1112	What test confirmed diagnosis? Character Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or toyer)	the W. Henry	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or toyy)		Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country)	ma	Where did injury occur?	
17. INFORMANT Mold (Address)	Tenky Warket	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL WA	
18. BURIAL, CREMATION, OR REMOVAL 14	the fate nov/9,19 3.	Manner of Injury	
19. UNDERTAKER He H. Will (Address) Gest new	long blig wo Market A	24. Was disease or injury in eny way ralated to occupation of deceased?	Pau
20 FILED NOV. 18" , 1934 5	J. Frambtom	(Signed)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	line:		Registration Dist.	
Village or City	vedo tuo:	(If death occurred in a ho	orpital or institution, give its NAME inste	St.,
Length of residence in city or	town where death occurredyrs.	1 - 1	ong in U.S. if of foreign birth?	
		St., V	Vard.	
(a) Residence: No.	(Usual place of abode			it or tofen and State
PERSONAL AND S	STATISTICAL PARTICULA	RS ME	DICAL CERTIFICATE	BEATH
3. SEX 4. COLOR OR White	RACE 5. SINGLE, MARRIED, WORD DIVORCED (write		DEATH NOO (Month)	(Day) , 193 (Ye
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Plans	o. Pilecau.	22. I H	EREBY/CERTIFY	het i ettended daceese
	year) Feb. 2. 180		6 11 0	1934; death
6. DATE OF BIRTH (month, day, and 7. AGE Years			n the date stated above, at 11 A	m.
77	8 3 1 day	. 1	AUSE OF DEATH and related causes of i	importance Date o
8. Trade, profession, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	PINNER, J'armer			\ \
work was done, as SILK SAW MILL, BANK, etc	MILL,		rous Mycarde	les
10. Date deceased last worked this occupation (month at year)	at Joseph 11. Total time (year spent in thi occupation		0	
12. BIRTHPLACE (city or town) (State or country)	echoslovida	Other Coatributory	Causes of importance:	
	4 Alexan	~~~~~		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	hechaslowki	Name of operation.  What test confirme	101	Date of
15. MAIDEN NAME	Cherine Kula	La - 23. If death was due	to external causes (VIOL ENCE) fill in a	ilso the following:
I IS DIDTUDIACE (aity or town)	A	Accident, suicide, o	or homicide? Dete	of injury
16. BIRTHPLACE (city or town)	herekos loves	Where did injury of		
17. INFORMANT Welly (Address)	am Klarae	Specify whather inj	(Specify city or town jury occurred in INDUSTRY, in HOME, o	, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMO	Val has hele Nov. ?	Manner of injury		
19. UNDERTAKER R. (Address)	Raculous of ,		injury in any way ralated to occupation	of deceased? The
20. FILED 10/36 193	y nodowate	(Signed)	Jeno's Strugg	siffy 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDEAU V	S	35-36-200 (S-46-200)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No.

of infor-

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plnods Jo STATE OF MARYLAND—CERTIFICATE OF DEATH 11157

(8)			
	Registration D	ist. No	62
No.			
No. ath occurred in a hospital or institut			
ds. How long in U.S. if of	foreign birth?	yrs	mosds.
in			
St., Ward.			
	If nonresident gi	ve city or town a	nd State
MEDICAL CE	ERTIFICATE	OF DEATH	
1. DATE OF DEATH	1	2.0	./
**********	(Month)	(Day)	, 193
		***	
	CERTIFY		
	19, to		
I last saw h alive on			; death is sald
to have occurred on the date stated			
The PRINCIPAL CAUSE OF DEATH were as tollows:	n and related causes	or importance	Cate of onset
11			
Stell	Jonn	/	
Other Contributory Causes of impor	rtance:		
Name of operation		Date of.	
What test confirmed diagnosis?		Was there as	autopsy?
3. If death was due to external caus			
Accident, suicide, or homicide?	Da	te of Injury	, 19
Where did Injury occur?			
Specify whether Injury occurred In	(Specify city or to INOUSTRY, In HOM	wn, county and Si E, or in PUBLIC F	ate) PLACE.
Manner of injury			
Nature of Injury			
24. Was disease or Injury In any wa			ms
If so, specity	A		
(Signed) HUUSE	W. C. L.	andel	
(Address)	122	11	7
(,			

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Million All	//		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95:£)
County Caroline	Registration Dist. No. 62
Village or City Diston Ind.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Runin Bail, Hields	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORÇED (write the word) Wilsonel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of James A. Kields	22. OH HEREBY GERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Del. 7 = 1853	I last saw how alive on Mr 10' ,19 ; death is said
7. AGE Years Months Days If LESS than 1 day his.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trada profession or particular	Christic Near Liocare Date of onsot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9,4ndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	
O To Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Mary Rand. (State or country)	Other Contributory Causes of Importance:
13. NAME alefander Trice	
13. NAME Clefander Trice 14. BIRTHPLACE (city or town) Mary Sand. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza and Parker	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Eliza and Varker  16. BIRTHPLACE (city or town) Mary land,  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CO By J, Michaels. (Address) Dealers Machand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sealon, me. Dete How. 13 , 1934	Manner of injury
19. UNDERTAKER Desling Slack Mary Cand.	24. Wes disease or injury In eny way related to occupation of deceased? 200
20. FILED 11-13 , 1934 In 16 Yeary?	(Signed) Mullin MMI) M. D.  (Address) Centin Dell

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Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   UF	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

item of infor-

STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Caroluo	Registration Dist. No. 40
Village or City Leeds bus.	No. St., Ward
Length of residence in city or town where death occurred 20 yrs m	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Organy.	
(a) Residence: No. Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warred	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Hershall logary.	Oat 20 134 to how 23 , 1985
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Nov 23 , 1954; death is sail
7. AGE Years Months Days if LESS than 1 day,hrs	to have occurred on the date steted above, at
62 2 9 1 day,nrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework, SAWYER, BOOKKEFER, etc.	
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	ausa Lecepes ou so
(1) AO Date deceased lost worked at	
this occupation (month and Oct /, 1934 spent in this year) - occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Quality Hung vary	miscardel (7)
13. NAME Frank Karker.	Devestion: two years, Class
13. NAME FRANK ROPEN . J	Name of operation / Money Date of
(State of country)	What test confirmed diagnosis? Lucial Was there an europsy? K
15. MAIDEN NAME Vulkurur, 0	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Muchae Pagany. (Address) Lacasphio md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury
Place Prous bus md Date 11/27, 1934	Nature of injury
19. UNDERTAKER AND Suffered (Address) There is the suffered to	24. Was disease or injury in any eyey related to occupation of deceased?
20. FILED 126 134 allmet	(Signed) has to A Sharp (Many Leas)
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
	112 49 1,12 20		1 year

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	County County County	Registration Dist. No. 62
Vill	2FULL NAME James audre	St.: Ward) (If death eccurr a hospital er intion, give its NAM stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX  4 COLOR OR RACE  MARRIED, Quingle Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Yes
6 0	(Month) (Day) (Year)	that I last saw h circles on Mer 8
7 1	Paul 65 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
BC	OCCUPATION	
Op (I	(a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)	Chronic Brylets Deceases
OP (I	b) General nature of industry	Contributory Secondary  Contributory Secondary  Contributory Secondary  Contributory Secondary  Contributory Secondary  Contributory Secondary
OP (I	b) General nature of industry business, or establishment in which employed or (employer)	Contributory
ENTS	Described a state of work of the state of state or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)	Contributory Secondary  (Signed)  (Signed)  (Signed)
OP (16 M)	Described a find of work of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)  *State the Discase Causing Death, or, in deaths from Violent Causing State (1) Means of Injury and (2) wheel Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, inst
ARENTS	particular kind of work b) General nature of induatry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Contributory Secondary  (Signed)  #State the Discase Causing Death, or, in deaths fr. Violent Causis, state (1) Means of Injury and (2) when Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place In the of death
PARENTS	particular kind of work b) General nature of induatry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)  #State the Discase Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, institutio

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Coak definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile Salesman. factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., scpxis, totanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia, ""Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Or intercurrent) affection need not be Chronic valeular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the cartificate is permanently filed.



TION is very important.

V. S. No. 1

1	. PLACE OF DEA	тн			(107-62)
	County Caro	line.			Registration Dist. No. 10 H
	Village or City Fe	deralsb	urg. (0)	utside)	No. St. Ward
			Control of	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in ci	ty or town where o	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?mosds.
. 2	FULL NAME	John Fr	ederick	Sammons,	
	(a) Residence: No.	Federal	sburg, (Ususi place	Md. R.F.	D. St., Ward. Near Atlanta Del. If nonresident give city or town and State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
		r or race	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21. DATE OF DEATH  Nov. 22nd., 193 4  (Month) (Day) (Year)
	If married, widowed, or divo		,		(Month) (Day) (Year)
	HUSBAND of (or) WIFE of				Noo 12 GERTIFY. That I attended deceased from 12 134, to Noo 22 1934
6. 1	DATE OF BIRTH (month, day	v. and vear) Δ	pril 7t	h. T933	I last saw MAL alive on NW- 22 1937; death is said
7.		Months	Days	If LESS than	to have occurred on the date stated above, at
	I	7	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or pa	as SPINNER.	Infant	1	Date or onset
TIC	SAWYER, BOOKKEE		Infant	·•	Hundles Muuma Das 1
UP/	work was done, as SAW MILL, BANK,	SILK MILL.			(Irimany trancho-foreumonia, following
OCCUPATION	10. Date deceased last worthis occupation (mo	rked at	spe	ime (years) nt in this upation	an orderary rasperstant inflation Dage
		G			Other Contributory Causes of Importance:
	(State or country)	Suss	ex Co.	el.	
FATHER	13. NAME	Jerry	Sammor	IS.	
ATH	14. BIRTHPLACE (city or to	own)S	ussex C	0.	Name of operation Date of
	(State or country)			Del.	What test confirmed diagnosis? Was there an au'opsy?
MOTHER	15. MAIDEN NAME	Mary	Bannin	ıg,	23. If death was due to external causes (VIOLENCE) fill in also the following:
OT	16. BIRTHPLACE (city or to	own)			Accident, suicide, or homicide?Oate of injury, 19
Σ	(State or country)		Maryla	ind.	Where did injury occur?
17.		erry Sam		d R.F.D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR F	REMOVAL	0,		Manner of Injury
	Place Bethel	Md.	Date Nov.	,25" ,19 34	Nature of injury
19.	UNDERTAKER 5.7. (Address) F.2.	Franch	Fura.	Son.	24. Was disease or injury In any way related to occupation of deceased?
20.	FILEO Man. 23"d	19 BU 5:	J. Fran	Registrar.	(Signed) M. D.  (Address) Halleleleleles Inc.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

S. No. 1

20. FILED NOU

Registrar.

(Signed)

(Address)

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THE RESERVE OF THE RE				
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Gallstones	May 1,1923	Gastroenteritis	1 year	

Claus	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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7,001	or brown, between, we, in period sep 2 1 1936.